STATE OF HAWAII DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS HAWAII OCCUPATIONAL SAFETY & HEALTH DIVISION 830 PUNCHBOWL STREET HONOLULU, HAWAII 96813

CONFIDENTIAL

REQUEST FOR CRIMINAL HISTORY RECORD CLEARANCE FOR CERTIFICATE OF FITNESS (EXPLOSIVES)

	Date	
Applicant's Full Name		
Last Any Alias(es) Former Name(s) including maiden name	First	Middle
Applicant's Address		
Social Security Date of No Birth	Place of Birth	Country of Citizenship
Employer's name/Address		
I, the undersigned, consent to the release of int Department of Labor and Industrial Relations (DLIF purpose of determining my qualifications for a certi use the information authorized by this release only	R), State of Hawaii, regarding c ficate of fitness under section 3	riminal history information in my record for the 396-9(a), HRS. I understand that HIOSH may
Applicant's Signature		Date
Criminal history clearances may be obtained at any applying in person at one of these locations and the terminal to request the information yourself (termin the completed form to the address below (processicheck made payable to the Hawaii Criminal Justicaccepted from customers over the counter. AFTER COMPLETING FORM, PLEASE MAIL TO:	ere is a Public Access Termina al use charge - \$10.00). If you ing charge - \$15.00). Payment ce Data Center. Personal che	Il available for your use, you may use the are unable to apply in person, you may send in should be made by money order or cashier's cks will not be accepted. Cash will be
AFTER COMFLETING FORM, FLEASE MAIL TO.	Department of the Attorn Kekuanao'a Building 1st 465 S. King Street Honolulu, Hawaii 96813	ney General Floor
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PART II - FILE SEARCH DATA		
Hawaii Criminal Justice Data Center, Depa Complete and return to DLIR/Hawaii Occu		
REPORTS:		

OS-E4a Rev: 9/99